

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 1/27/98

REG

1981585

✓ # 7677

\$10.00

SB

1. NAME UDDO FRANK J.  
Last First MI
2. BUSINESS PHONE (504) 832-7204  
Area Code and Phone Number
3. BUSINESS ADDRESS 3850 N. Causeway Blvd., Suite 1510, Metairie, LA 70002  
Street and No. City State Zip
4. EMPLOYER UDDO & MILAZZO
5. EMPLOYER'S ADDRESS 3850 N. Causeway Blvd., Suite 1510, Metairie, LA 70002  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name BOARD OF COMMISSIONERS OF THE ORLEANS LEVEE DISTRICT  
Address Suite 202 - Administration Bldg., New Orleans Lakefront Airport, New Orleans, LA 70126  
Business or purpose Flood Control for Orleans Parish, Parks and Recreational Facilities and Lakefront Airport  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

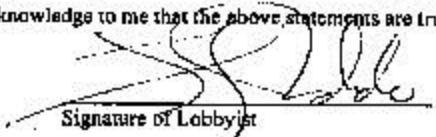
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Lobbyist's Registration Number

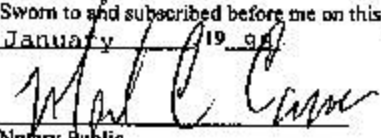
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of LOUISIANA  
Parish of JEFFERSON

Before me, the undersigned authority, personally came and appeared FRANK J. UDDO, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 27th day of January, 19 98

  
Notary Public

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

